

Please type a plus sign (+) inside this box → ☐

PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No. 501.20289RC6
First Named Inventor Hisashi Maejima
Original Patent Number 5,230,747
Original Patent Issue Date (Month/Day/Year) July 27, 1993
Express Mail Label No.

APPLICATION FOR REISSUE OF:
(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

1. ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
(9 sheets)
4. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribboned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53 or 54)
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☒ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
8. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
10. ☐ Statement(s) ☐ Statement filed in prior application,
Status still proper and desired
(PTO/SB/09-12)
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☒ Other: Credit Card Payment Form
Request for Transfer of
Drawings

* NOTE FOR ITEMS 1 & 10 IN ORDER TO BE ENTITLED TO PAY
SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED
(37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION
IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

020457

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name

Address

City

State

Zip Code

Country

Telephone

Fax

NAME (Print/Type)

Ronald J. Shore

Registration No. (Attorney/Agent)

28,577

Signature

Ronald J. Shore

Date

Nov. 3, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

501.20289RC6

PTO
 09/01/99
 JC914



Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 12	**** 0 =	x \$	=	or	x \$ 18 =
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 3	0 =	x \$	=		x \$ 80 =
Basic Fee (37 CFR 1.16(h))				\$			\$ 710
Total Filing Fee				\$		OR	\$ 710

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$	=	or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	****	=	x \$	=		x \$ =
Total Additional Fee				\$		OR	\$	

- * If the entry in (D) is less than the entry in (C), Write "0" in column 3.
 ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
 *** After any cancellation of claims
 **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).
 ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Please charge Deposit Account No. _____ in the amount of _____.
 A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 01-2135.
 A duplicate copy of this sheet is enclosed.
 Credit Card Payment Form
- ☒ A check in the amount of \$ 710.00 to cover the filing / additional fee is enclosed.

Nov. 3, 2000
 Date

Ronald J. Shore
 Signature of Applicant, Attorney or Agent of Record

Ronald J. Shore (Reg. No. 28,577)
 Typed or printed name

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

501.20289RC6

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 12	**** 0 =	x \$	=	or	x \$ 18 = 0
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 3	0 =	x \$	=		x \$ 80 = 0
Basic Fee (37 CFR 1.16(h))					\$		\$ 710
Total Filing Fee					\$	OR	\$ 710

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$	=	or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=		x \$ =
Total Additional Fee					\$	OR	\$	

If the entry in (D) is less than the entry in (C), Write "0" in column 3.

If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

After any cancellation of claims

If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

"Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 01-2135.
A duplicate copy of this sheet is enclosed.
Credit Card Payment Form

☒ A check in the amount of \$ 710.00 to cover the filing / additional fee is enclosed.

Nov. 3, 2000
Date


Signature of Applicant, Attorney or Agent of Record

Ronald J. Shore (Reg. No. 28,577)

Typed or printed name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): H. MAEJIMA ET AL.

Serial No. : Not Assigned Yet
(Reissue of Patent No.: 5,230,747
Issued: July 27, 1993)

Filed: November 3, 2000

For: WAFER HAVING CHAMFERED BEND PORTIONS IN THE
JOINT REGIONS BETWEEN THE CONTOUR OF THE WAFER
AND THE CUT-AWAY PORTION OF THE WAFER

REQUEST FOR TRANSFER OF DRAWINGS FROM ORIGINAL PATENT
TO REISSUE APPLICATION

Assistant Commissioner of Patents
Washington, D.C. 20231

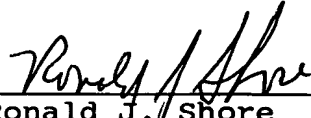
November 3, 2000

Sir:

Please transfer the drawings from original patent,
5,230,747, filed on July 27, 1993, for the invention entitled
WAFER HAVING CAMFERED BEND PORTIONS IN THE JOINT REGIONS
BETWEEN THE CONTOUR OF THE WAFER AND THE CUT-AWAY PORTION OF
THE WAFER to the reissue application, the specification of
which is attached hereto.

Respectfully submitted,

ANTONELLI, TERRY, STOUT & KRAUS, LLP



Ronald J. Shore
Registration No. 28,577

RJS:alw
(703) 312-6600